



CHALLENGER BASKETBALL

AUTHORIZATION FOR CHILD/ADULT TO PARTICIPATE IN THE CITY OF FRESNO CHALLENGER BASKETBALL PROGRAM

Name of Child/Adult	Birth Date	Male or Female
Address	City	Zip
Name of Parent/Guardian	Home Phone #	Work/Cell #
<u>Athlete T-Shirt Size (adult size)</u> S _____ M _____ L _____ XL _____ Other _____		

I hereby authorize the above named child/adult to participate in the activities associated with the City of Fresno Challenger Basketball Program.

I furthermore waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which the above named child/adult or I may have, or which hereafter accrue to the above named child/adult or me, against the City of Fresno as a result of the above named child/adult participation in the City of Fresno Challenger Basketball Program. This release is intended to discharge the City of Fresno, it's agents and employees, individuals affiliated with this program, and any other involved municipalities or public entities from and against any and all liability which may arise out of the negligence on the part of persons or entities mentioned above. **I further understand that accidents and injuries can arise out of the above child/adult participation in the City of Fresno Challenger Basketball Program such as, pulled or strained muscles, foot and ankle injuries, and any and all injuries associated with increasing heart rate, however, knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above who (through negligence or careless) might otherwise be liable to the above named child/adult or me (or the above named child/adult heirs or assigns) for damages.** It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on the above named child/adult heirs and assigns.

I further understand that without this waiver form, my child/adult will not be allowed to participate in the Challenger Basketball Program.

Signature of Parent/Guardian

Date

Print Name: _____